

**FEDERAL INTERAGENCY  
MEDICAL HISTORY, EXAMINATION, and CLEARANCE FORM for  
Wildland Firefighters (Arduous Duty)**

**\*\*\*CAUTION\*\*\***

WHEN COMPLETED, THIS DOCUMENT CONTAINS CONFIDENTIAL MEDICAL INFORMATION AND IS SUBJECT TO THE PROVISIONS OF THE PRIVACY ACT (5 USC 552a)

**GENERAL INSTRUCTIONS:** A medical history and physical examination are to be conducted and this form completed every 5 years until age 45, then every three years. In those years in which an exam is not scheduled, a companion document (the Interim Year Medical History and Clearance Form for Wildland Firefighters (Arduous Duty)) is to be completed. Every year, therefore, the appropriate form is to be completed and reviewed *prior* to scheduling an arduous duty performance test (the “Pack Test”).

**Personnel Office or Program Manager:** Please: 1) complete the information below to indicate your name and address and, if known, the name and address of the physician or clinic where the examination will be provided; 2) indicate where the forms are to be sent after the examination; 3) check the appropriate box on page 4 to indicate whether this is a baseline (initial)/exit exam, or a periodic exam; and 4) deliver the complete form to the person who is to receive the examination. Note: A *minimum of two days* is to be allowed between the time of the scheduled examination and the date the completed form is required by the agency. Also, if the examinee is a compensated disabled veteran, he/she is to be informed that the following documents must be attached to this form at the time of the examination, and will become part of this record: copies of a) Rating Sheet; b) Medical Exam for Disability Evaluation (VA-21-2545) or Rating Decision (VA-21-6796b) or detailed documentation on the diagnosis, treatment, and evaluation of his/her compensated disability; and c) specialist reports, if any.

**Examinee (person to receive the examination):** Please see the Privacy Act Notice on the next page of this form. Prior to your appointment, please complete ALL of the **SHADED PORTIONS** of the following pages of this form, and take the entire packet directly to the EXAMINING PHYSICIAN/CLINIC at the address noted below on the day of your scheduled examination. All positive entries in the medical history sections of the form must be explained, and may require further information from your personal physician. Incomplete forms, or those missing information, may result in a delay in clearing you for firefighter duties. Submitting information that is misleading or untruthful may result in termination, or a failure to be cleared as a firefighter. Note: If you are a compensated disabled veteran, you must attach the following documents to this form at the time of the examination: copies of a) Rating Sheet; b) Medical Exam for Disability Evaluation (VA-21-2545) or Rating Decision (VA-21-6796b) or detailed documentation on the diagnosis, treatment, and evaluation of your compensated disability; and c) specialist reports, if any. You should arrive for your examination in a fasting condition (e.g., no food or drink other than prescribed medications during the 12 hours prior to having your blood drawn at the exam site).

**Examining Physician:** Please review the functional requirements and work conditions of wildland firefighters on page 3, perform a history review and physical exam, and complete all of the **double-lined** portions of the following form, including the indication of individual clearances beginning on page 10 and the clearance summary on page 15. NOTE: to avoid delays in processing this clearance, ALL examination findings other than “NORMAL” are to be described or explained in the spaces provided or on the back of the sheets. Individual history or examination items should NOT be considered to be “PASS/FAIL;” they should be used to contribute to your assessment of the examinee as meeting or not meeting the specified standards. When the exam and clearance determinations are complete, please return the form and any associated forms and reports to:

- ☐ the Personnel Office or Program Manager  
☐ other (specify address here: \_\_\_\_\_)

Personnel Office or Program Manager

Examining Physician/Clinic

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PRIVACY ACT INFORMATION

The information obtained in the completion of this form is used to help determine whether an individual being considered for wildland fire fighting duties can carry out those duties in a manner that will not unduly risk aggravation, acceleration, exaggeration, or permanently worsening a pre-existing medical condition. Its collection and use are consistent with the provisions of the 5 USC 552a (Privacy Act of 1974), 5 USC 3301, and Executive Orders 12107 and 12564 (Drug Free Federal Workplace).

The information will be placed in your official Employee Medical File, and is to be used only for official purposes as explained and published annually in the Federal Register under OPM/GOVT-10, the OPM system of records notice. Your submission of this information is **voluntary**. If you do not wish to provide the information, you are not required to do so. However, your assignment to wildland fire fighting duties depends on the availability of complete and current occupational health records.

**ESSENTIAL FUNCTIONS AND WORK CONDITIONS OF A  
WILDLAND FIREFIGHTER**

Time/Work Volume	Physical Requirements	Environment	Physical Exposures
<i>May include:</i>			
<ul style="list-style-type: none"> <li>• long hours (minimum of 12 hour shifts)</li> <li>• irregular hours</li> <li>• shift work</li> <li>• time zone changes</li> <li>• multiple and consecutive assignments</li> <li>• pace of work typically set by emergency situations</li> <li>• ability to meet “arduous” level performance testing (the “Pack Test”), which includes carrying a 45 pound pack 3 miles in 45 minutes, approximating an oxygen consumption (VO<sub>2</sub> max) of 45 mL/kg-minute</li> </ul> <p><i>And up to:</i></p> <ul style="list-style-type: none"> <li>• 14-day assignments</li> </ul>	<ul style="list-style-type: none"> <li>• use shovel, Pulaski, and other hand tools to construct fire lines</li> <li>• lift and carry more than 50#</li> <li>• lifting or loading boxes and equipment</li> <li>• drive or ride for many hours</li> <li>• fly in helicopters and fixed wing airplanes</li> <li>• work independently, and on small and large teams</li> <li>• use PPE (includes hard hat, boots, eyewear, and other equipment)</li> <li>• arduous exertion</li> <li>• extensive walking, climbing</li> <li>• kneeling</li> <li>• stooping</li> <li>• pulling hoses</li> <li>• running</li> <li>• jumping</li> <li>• twisting</li> <li>• bending</li> <li>• rapid pull-out to safety zones</li> <li>• provide rescue or evacuation assistance</li> </ul>	<ul style="list-style-type: none"> <li>• very steep terrain</li> <li>• rocky, loose, or muddy ground surfaces</li> <li>• thick vegetation</li> <li>• down/standing trees</li> <li>• wet leaves/grasses</li> <li>• varied climates (cold/hot/wet/dry/humid/snow/rain)</li> <li>• varied light conditions, including dim light or darkness</li> <li>• high altitudes</li> <li>• heights</li> <li>• holes and drop offs</li> <li>• very rough roads</li> <li>• open bodies of water</li> <li>• isolated/remote sites</li> <li>• no ready access to medical help</li> </ul>	<ul style="list-style-type: none"> <li>• bright sunshine/UV</li> <li>• burning materials</li> <li>• extreme heat</li> <li>• airborne particulates</li> <li>• fumes, gases</li> <li>• falling rocks and trees</li> <li>• allergens</li> <li>• loud noises</li> <li>• snakes</li> <li>• insects/ticks</li> <li>• poisonous plants</li> <li>• trucks and other large equipment</li> <li>• close quarters, large numbers of other workers</li> <li>• limited/disrupted sleep</li> <li>• hunger/irregular meals</li> <li>• dehydration</li> </ul>

# Federal Interagency Medical History, Examination, and Clearance Form for Wildland Firefighters (Arduous Duty)

**Examinee:** please complete ALL of the shaded medical history portions of this form prior to your examination appointment, and explain all abnormalities.

Examining physician: please complete ALL of the double lined portions of this form. Then, attach any hard copies of screening, diagnostic, and/or laboratory tests, and send them to the addressee checked on page 1 of this form.

<b>Name, address, and phone number (including fax) of physician/ health center performing examination:</b>	<b>Name, address, and phone number (including fax) of examinee's personal physician:</b>	<b><u>New Applicants ONLY:</u></b> Previous experience as firefighter? Yes <input type="checkbox"/> No <input type="checkbox"/>  Your Current Occupation:  Your Current Employer:  Time in Current Position (in years/months):
<b>Examinee's Name:</b>	<b>Signature:</b>	<b>Gender:    Male <input type="checkbox"/>    Female <input type="checkbox"/></b>
<b>Name of Employing Agency:</b>	<b>Position/Job Title:</b>	<b>Date of Birth:</b>
<b>Home Address:</b>	<b>Work Phone:</b>	<b>SS#</b>
	<b>Home Phone:</b>	<b>Date of Scheduled Exam:</b>

**EXAMINING PHYSICIAN (Please provide the following exam, as marked, and check off the services that have been completed)**

<input style="width: 30px; height: 20px;" type="checkbox"/> <b>BASELINE (INITIAL) / EXIT EXAM</b>	<input style="width: 30px; height: 20px;" type="checkbox"/> <b>PERIODIC EXAM</b>
<u>Required Services:</u> (Check the services when completed) <div style="margin-top: 5px;"> <input type="checkbox"/> Medical History review                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Physical Examination                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Vision Screening (Corrected AND Uncorrected Near AND Far Visual Acuity; Color Vision; Peripheral Vision; Depth Perception )                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Audiometry                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Electrocardiogram                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Spirometry                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Chest X-ray (PA and Lateral; films taken within the last 6 months may be used if available)                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> CBC (hgb, hct, plate., WBC w/ diff.), dipstick UA, and blood chemistries (LDH, SGOT/AST, SGPT/ALT, GGT, bilirubin, total chol., LDL-C, HDL-C, triglycerides, blood sugar)                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> TB Skin Test (Mantoux)                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Tetanus (Td) Booster                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Cholinesterase (RBC/Plasma; baseline or initial exam only)                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Standards review and Summary Statement                 </div>	<u>Required Services:</u> (Check the services when completed) <div style="margin-top: 5px;"> <input type="checkbox"/> Medical History review                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Physical Examination                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Vision Screening (Corrected AND Uncorrected Near AND Far Visual Acuity; Color Vision; Peripheral Vision; Depth Perception )                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Audiometry                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Spirometry                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> CBC (hgb, hct, plate., WBC w/ diff.), and blood chemistries (total chol., LDL-C, HDL-C, triglycerides, blood sugar)                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Standards review and Summary Statement                 </div>

**This examination does not substitute for routine health care or a periodic health examination conducted by your own physician. It is being conducted for occupational purposes only.**

## MEDICAL HISTORY

### Smoking History

This information is needed since smoking increases your risk for lung cancer and several other types of cancer, chronic bronchitis, emphysema, asbestos related lung diseases, coronary heart disease, high blood pressure, and stroke. Please check your smoking status and complete the associated section:

☐ Current Smoker                      ☐ Former Smoker                      ☐ Never Smoked

Number of cigarettes per day \_\_\_\_\_  
Number of cigars per day \_\_\_\_\_  
Number of pipe bowls per day \_\_\_\_\_  
Total years you have smoked \_\_\_\_\_

Number of cigarettes per day \_\_\_\_\_  
Number of cigars per day \_\_\_\_\_  
Number of pipe bowls per day \_\_\_\_\_  
Total years you smoked \_\_\_\_\_

### Alcohol/Drug Use

What is your average alcohol consumption (number of drinks) in a week?

Drinks (1 drink = 12 Oz. beer, 1 glass wine, or 1.5 oz liquor)

If you drink, what is your usual pattern of drinking?

☐ Weekdays                      ☐ Weekends                      ☐ Both

Do you use recreational drugs? ☐ No                      ☐ Yes (Describe fully)

### Describe Your Physical Activity or Exercise Program

Type of Activity or Exercise \_\_\_\_\_

Intensity:                      Low \_\_\_\_\_                      Moderate \_\_\_\_\_                      High \_\_\_\_\_  
(Examples:                      Walking                      Jogging, cycling                      Sustained heavy breathing and perspiration)

Duration, in Minutes per Session

Frequency, in Days per Week \_\_\_\_\_

### Medications (List all medications you are currently taking, including those prescribed and over-the-counter.)

\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus (Td) shot:

### Check each item "Yes" or "No". Every item checked "Yes" must be explained in the space provided or on the back of this form.

- A. Have you ever been treated with an organ transplant, prosthetic device (e.g., artificial hip), or an implanted pump (e.g., for insulin) or electrical Device (e.g., cardiac defibrillator)? (If Yes, please describe fully, and provide copies of pertinent medical records.) ☐ Yes ☐ No
- B. Have you had, or have you been advised to have, any operation? (If Yes, please describe fully) ☐ Yes ☐ No
- C. Have you ever been a patient in any type of hospital after childhood? (If Yes, please describe fully.) ☐ Yes ☐ No
- D. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past year for other than minor illnesses? (If Yes, please describe fully.) ☐ Yes ☐ No
- E. Have you ever been rejected for military service, or discharged from service, because of physical, mental, or other reasons? (If Yes, give date and reason for rejection or discharge.) ☐ Yes ☐ No
- F. Have you ever had or been treated for a mental or emotional condition? (If Yes, please describe fully) ☐ Yes ☐ No
- G. Have you ever received, is there pending, or have you applied for a pension or compensation for a disability? (If Yes, please describe fully.) ☐ Yes ☐ No
- H. Do you have any allergies, such as to Poison Oak, latex, pollen, dust? (If Yes, please list and describe fully.) ☐ Yes ☐ No

Comments/Findings

Examinee's Signature:

Date:

[illegible]

(continued) Prior military service? <input type="checkbox"/> <input type="checkbox"/> Prior ear surgery? <input type="checkbox"/> <input type="checkbox"/> Recurrent ear infections? <input type="checkbox"/> <input type="checkbox"/>	<b><u>Hearing</u></b> <b>Audiogram:</b> (Must be done <u>without</u> hearing aid, and must meet OSHA standard for testing [see 29 CFR 1910.95].) Calibration Method: <input type="checkbox"/> Oscar <input type="checkbox"/> Biological Date _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 12.5%;">Frequency</th> <th style="width: 12.5%;">500Hz</th> <th style="width: 12.5%;">1000Hz</th> <th style="width: 12.5%;">2000Hz</th> <th style="width: 12.5%;">3000Hz</th> <th style="width: 12.5%;">4000Hz</th> <th style="width: 12.5%;">6000Hz</th> <th style="width: 12.5%;">8000Hz</th> </tr> <tr> <td>Right Ear</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Left Ear</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			Frequency	500Hz	1000Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz	Right Ear								Left Ear							
Frequency	500Hz	1000Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz																				
Right Ear																											
Left Ear																											
<b>DERMATOLOGY</b> Any skin disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Sun sensitivity? <input type="checkbox"/> <input type="checkbox"/> History of chronic dermatitis? <input type="checkbox"/> <input type="checkbox"/> Active skin disease? <input type="checkbox"/> <input type="checkbox"/> Moles that have changed in size or color? <input type="checkbox"/> <input type="checkbox"/>	<b><u>Skin</u></b> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>																										
<b>VASCULAR</b> Any vascular disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Enlarged superficial veins, phlebitis, or blood clots? <input type="checkbox"/> <input type="checkbox"/> Anemia? <input type="checkbox"/> <input type="checkbox"/> Hardening of the arteries? <input type="checkbox"/> <input type="checkbox"/> High Blood Pressure? <input type="checkbox"/> <input type="checkbox"/> Stroke or Transient Ischemic Attack (TIA)? <input type="checkbox"/> <input type="checkbox"/> Aneurysms (Dilated arteries)? <input type="checkbox"/> <input type="checkbox"/> Poor circulation to hands and feet? <input type="checkbox"/> <input type="checkbox"/> White fingers when cold or with vibration? <input type="checkbox"/> <input type="checkbox"/>	<b><u>Vascular</u></b> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <input type="checkbox"/> Major blood vessels, including femoral pulses <input type="checkbox"/> Peripheral blood vessels  <b><u>Cardiac</u></b> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <input type="checkbox"/> EKG (baseline) - Attach printout and interpretation <input type="checkbox"/> Heart		<b><u>Chest X-Ray</u></b> (baseline only) PA/Lat. Chest X-ray Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Comments:  <b><u>Vital Signs</u></b> Height _____ (inches)    Weight _____ (pounds) Blood Pressure _____ / _____ mm/hg (Measure while sitting; if elevated, repeat in 15 min.) Pulse _____ /MIN Respirations _____ /MIN Temp(if indicated) _____ °F																								
<b>HEART</b> Any heart disease or heart murmurs? <input type="checkbox"/> Yes <input type="checkbox"/> No Heart or chest pain (angina), with or without exertion? <input type="checkbox"/> <input type="checkbox"/> Heart rhythm disturbance or palpitations (irregular beat)? <input type="checkbox"/> <input type="checkbox"/> History of Heart Attack? <input type="checkbox"/> <input type="checkbox"/> Organic heart disease (including prosthetic heart valves, mitral stenosis, heart block, heart murmur, mitral valve prolapse, pacemakers, Wolf Parkinson White (WPW) Syndrome, etc.)? <input type="checkbox"/> <input type="checkbox"/> Heart surgery? <input type="checkbox"/> <input type="checkbox"/> Sudden loss of consciousness? <input type="checkbox"/> <input type="checkbox"/>	<b><u>Cardiac Risk Profile</u></b> (record here, or attach report) Chol _____ HDL _____ LDL _____ Trig _____ Gluc _____ (Attach copy of blood chemistry panel report.) <u>Comments/Findings</u>		<b><u>Coronary Risk Factors*</u></b> <table style="width: 100%;"> <tr> <td style="width: 70%;">Blood Pressure <math>\geq</math> 140/90</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>Diabetes, or Fasting Glucose <math>\geq</math> 126 mg/dl</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Total Chol. &gt; 200 mg/dl, or HDL &lt; 35 mg/dl</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Family history of CVD in males &lt; 55</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Age (men &gt; 45, women &gt; 55)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No regular exercise program</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Current smoker</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> *ACSM Guidelines for Ex. Testing and Presc., 5 <sup>th</sup> Ed., and National Institute of Diabetes and Digestive and Kidney Dis.	Blood Pressure $\geq$ 140/90	Yes	No	Diabetes, or Fasting Glucose $\geq$ 126 mg/dl	<input type="checkbox"/>	<input type="checkbox"/>	Total Chol. > 200 mg/dl, or HDL < 35 mg/dl	<input type="checkbox"/>	<input type="checkbox"/>	Family history of CVD in males < 55	<input type="checkbox"/>	<input type="checkbox"/>	Age (men > 45, women > 55)	<input type="checkbox"/>	<input type="checkbox"/>	No regular exercise program	<input type="checkbox"/>	<input type="checkbox"/>	Current smoker	<input type="checkbox"/>	<input type="checkbox"/>			
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Current smoker	<input type="checkbox"/>	<input type="checkbox"/>																									

Examinee's Signature: _____	Date: _____	Page 7 of 16
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<b>RESPIRATORY</b> Any respiratory disease? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> Asthma(including exercise induced asthma)? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Use of inhalers? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Bronchitis or emphysema? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Shortness of breath with exertion? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Acute or chronic lung infections? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Excessive, unexplained fatigue? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Collapsed lung? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Scoliosis (curved spine)? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> History of Tuberculosis? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Previous positive TB skin test? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Date: <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>	<b>Pulmonary Function Testing</b> Calibration Date: (should be same day as test) Machine Brand: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Actual FVC</td> <td style="width: 25%;">Actual FEV1</td> <td style="width: 25%;">Actual FEV1/FVC</td> <td style="width: 25%;">Actual FEF 25-75</td> </tr> <tr> <td>%Predicted FVC</td> <td>%Predicted FEV1</td> <td>%Predicted FEV1/FVC</td> <td>%Predicted FEF 25-75</td> </tr> </table> <b>Respiratory</b> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Lungs/Chest	Actual FVC	Actual FEV1	Actual FEV1/FVC	Actual FEF 25-75	%Predicted FVC	%Predicted FEV1	%Predicted FEV1/FVC	%Predicted FEF 25-75	TB Mantoux (PPD) Date: _____ mm Induration: _____  <u>Comments: Findings</u>
Actual FVC	Actual FEV1	Actual FEV1/FVC	Actual FEF 25-75							
%Predicted FVC	%Predicted FEV1	%Predicted FEV1/FVC	%Predicted FEF 25-75							
<b>ENDOCRINE</b> Any endocrine disease? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> Diabetes (insulin requiring; units per day _____)?* Year diagnosed _____ <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Diabetes (non-insulin requiring)?* Year diagnosed _____ <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Thyroid Disease? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Obesity? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Unexplained weight loss or gain? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>  *Further information should be provided from your personal physician regarding adequacy of control (e.g., HbA1c results), and any complications (e.g., retinopathy).	<b>OBSTETRIC</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Male/Not Applicable <input type="checkbox"/></span> Are you pregnant? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></span>	<u>Comments/Findings</u> Attach copy of blood chemistry panel report:								
<b>MUSCULOSKELETAL</b> Any musculoskeletal disease? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> Moderate to severe joint pain, arthritis, tendonitis? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Amputations? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Loss of use of arm, leg, fingers, or toes? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Loss of sensation? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Loss of strength? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Loss of coordination? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> Chronic back pain? (back pain associated with neurological deficit or leg pain) Are you RIGHT <input type="checkbox"/> or LEFT <input type="checkbox"/> handed (check one)?	<b>Musculoskeletal</b> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <ul style="list-style-type: none"> <li><input type="checkbox"/> Upper extremities (strength)</li> <li><input type="checkbox"/> Upper extremities (range of motion)</li> <li><input type="checkbox"/> Lower extremities (strength)</li> <li><input type="checkbox"/> Lower extremities (range of motion)</li> <li><input type="checkbox"/> Feet</li> <li><input type="checkbox"/> Hands</li> <li><input type="checkbox"/> Grip strength</li> <li><input type="checkbox"/> Spine, other musculoskeletal</li> <li><input type="checkbox"/> Flexibility of neck, back, spine, hips</li> </ul>	<u>Comments/Findings</u>								

<b>NEUROLOGICAL</b> Any neurological disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Head/spine surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No Tremors, shakiness? <input type="checkbox"/> Yes <input type="checkbox"/> No Seizures (current or previous)? <input type="checkbox"/> Yes <input type="checkbox"/> No Spinal Cord Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Numbness or tingling? <input type="checkbox"/> Yes <input type="checkbox"/> No History of head trauma with persistent problem? <input type="checkbox"/> Yes <input type="checkbox"/> No Chronic recurring headaches (migraine)? <input type="checkbox"/> Yes <input type="checkbox"/> No History of brain tumor? <input type="checkbox"/> Yes <input type="checkbox"/> No Loss of memory? <input type="checkbox"/> Yes <input type="checkbox"/> No Insomnia (difficulty sleeping)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Neurological</b> Normal    Abnormal <input type="checkbox"/> <input type="checkbox"/> Cranial Nerves (I - XII) <input type="checkbox"/> <input type="checkbox"/> Cerebellum <input type="checkbox"/> <input type="checkbox"/> Motor/Sensory (include vibratory and proprioception) <input type="checkbox"/> <input type="checkbox"/> Deep Tendon reflexes <input type="checkbox"/> <input type="checkbox"/> Mental Status Exam	<u>Comments/Findings</u>
<b>GASTROINTESTINAL</b> Any gastrointestinal disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Hernias? <input type="checkbox"/> Yes <input type="checkbox"/> No Colostomy? <input type="checkbox"/> Yes <input type="checkbox"/> No Persistent Stomach/Abdominal Pain? <input type="checkbox"/> Yes <input type="checkbox"/> No Hepatitis, or other liver disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Active ulcer disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Irritable bowel syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No Rectal bleeding? <input type="checkbox"/> Yes <input type="checkbox"/> No Vomiting blood? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gastrointestinal</b> Normal    Abnormal <input type="checkbox"/> <input type="checkbox"/> Auscultation <input type="checkbox"/> <input type="checkbox"/> Palpation <input type="checkbox"/> <input type="checkbox"/> Organo-megaly? <input type="checkbox"/> <input type="checkbox"/> Tenderness? <input type="checkbox"/> <input type="checkbox"/> Hernia?  Attach blood chemistry panel report	<u>Comments/Findings</u>
<b>GENITOURINARY</b> Any genitourinary disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Blood in urine? <input type="checkbox"/> Yes <input type="checkbox"/> No Kidney Stones? <input type="checkbox"/> Yes <input type="checkbox"/> No Difficult or painful urination? <input type="checkbox"/> Yes <input type="checkbox"/> No Infertility (difficulty having children)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Genitourinary</b> Normal    Abnormal <input type="checkbox"/> <input type="checkbox"/> Urogenital exam (Note: this clearance exam <i>does not</i> require a pelvic exam or Pap smear for females, or a rectal or prostate exam for males)  Attach urinalysis report	<u>Comments/Findings</u>

**EXAMINING PHYSICIANS: PLEASE COMPLETE THE INDIVIDUAL STANDARDS REVIEW, BEGINNING ON THE FOLLOWING PAGE, AND THE SUMMARY STATEMENT FOLLOWING PAGE 15.**

## INDIVIDUAL STANDARDS, FOR EXAMINING PHYSICIAN REVIEW AND COMMENT

<b>STANDARD</b>	Based upon the information available to you, does the examined individual appear to meet the:
<p><b><u>PSYCHIATRIC STANDARD</u></b></p> <p>The applicant/incumbent must have judgement, mental functioning, and social interaction/behavior that will provide for the safe and efficient conduct of the requirements of the job. This may be demonstrated by:</p> <ul style="list-style-type: none"> <li>No evidence by physical examination and medical history of psychiatric conditions (including alcohol or substance abuse) likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).</li> </ul>	<p><b><u>PSYCHIATRIC STANDARD</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO (If “No”, please fully explain)</p>
<p><b><u>PROSTHETICS, TRANSPLANTS, AND IMPLANTS STANDARD</u></b></p> <p>The presence or history of organ transplantation or use of prosthetics or implants are not of themselves disqualifying. However, the applicant/incumbent must be able to safely and efficiently carry out the requirements of the job. This may be demonstrated by:</p> <ul style="list-style-type: none"> <li>No evidence by physical examination and medical history that the transplant, the prosthesis, the implant, or the conditions that led to the need for these treatments are likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).</li> </ul> <p>Note: For individuals with transplants, prosthetics, or implanted pumps or electrical devices, the examinee will have to provide <u>for agency review</u> documentation from his/her surgeon or physician that the individual (and, if applicable, his/her prosthetic or implanted device) is considered to be fully cleared for the specified functional requirements of wildland fire fighting.</p>	<p><b><u>PROSTHETICS, TRANSPLANTS, AND IMPLANTS STANDARD</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO (If “No”, please fully explain)</p>
<p><b><u>IMMUNE SYSTEM/ALLERGIC DISORDERS STANDARD</u></b></p> <p>The applicant/incumbent must be free of communicable diseases, have a healthy immune system, and be free of significant allergic conditions in order to safely and efficiently carry out the requirements of the job. This may be demonstrated by:</p> <ul style="list-style-type: none"> <li>A general physical exam of all major body systems that is within the range of normal variation, including: <ul style="list-style-type: none"> <li>no evidence of current communicable disease that would be expected to interfere with the safe and effective performance of the requirements of the job; and</li> <li>no evidence of current communicable disease that would be expected to pose a threat to the health of any co-workers or the public; and</li> </ul> </li> <li>Normal complete blood count, including white blood count and differential; and</li> <li>Current vaccination status for tetanus; and</li> <li>No evidence by physical examination and medical history of infectious disease, immune system, or allergy conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).</li> </ul>	<p><b><u>IMMUNE SYSTEM/ALLERGIC DISORDERS STANDARD</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO (If “No”, please fully explain)</p>

<p><b><u>MEDICATION STANDARD</u></b>  The need for and use of prescribed or over-the-counter medications are not of themselves disqualifying. However, there must be no evidence by physical examination, laboratory tests, or medical history of any impairment of body function or mental function and attention due to medications that are likely to present a safety risk or to worsen as a result of carrying out the specified functional requirements. Each of the following points should be considered:</p> <table border="0"> <tr> <td>1. Medication(s) (type and dosage requirements)</td> <td>2. Potential drug side effects</td> </tr> <tr> <td>3. Drug-drug interactions</td> <td>4. Adverse drug reactions</td> </tr> <tr> <td>5. Drug toxicity or medical complications from long-term use</td> <td>6. Drug-environmental interactions</td> </tr> <tr> <td>7. Drug-food interactions</td> <td>8. History of patient compliance</td> </tr> </table>	1. Medication(s) (type and dosage requirements)	2. Potential drug side effects	3. Drug-drug interactions	4. Adverse drug reactions	5. Drug toxicity or medical complications from long-term use	6. Drug-environmental interactions	7. Drug-food interactions	8. History of patient compliance	<p><b><u>MEDICATION STANDARD</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO  (If “No”, please fully explain)</p>
1. Medication(s) (type and dosage requirements)	2. Potential drug side effects								
3. Drug-drug interactions	4. Adverse drug reactions								
5. Drug toxicity or medical complications from long-term use	6. Drug-environmental interactions								
7. Drug-food interactions	8. History of patient compliance								
<p><b><u>VISION STANDARD</u></b>  The applicant/incumbent must be able to see well enough to safely and efficiently carry out the requirements of the job. This requires binocular vision, far visual acuity, depth perception, peripheral vision, and color vision, which may be demonstrated by:</p> <ul style="list-style-type: none"> <li>• Far visual acuity uncorrected of at least 20/100 binocular for wearers of hard contacts or spectacles; and</li> <li>• Far visual acuity of at least 20/40 binocular corrected (if necessary) with contact lenses or spectacles; and</li> <li>• Color vision sufficient to distinguish at least red, green, and amber (yellow); and</li> <li>• Peripheral vision of at least 85° laterally in each eye; and</li> <li>• Normal depth perception; and</li> <li>• No ophthalmologic condition that would increase ophthalmic sensitivity to bright light, fumes, or airborne particulates, or susceptibility to sudden incapacitation.</li> </ul> <p>Note: Contact lenses and spectacles are acceptable for correction of visual acuity, but the user must be able to demonstrate that the corrective device(s) can be worn safely and for extended periods of time without significant maintenance, as well as being worn with any necessary personal protective equipment. Successful users of long-wear soft contact lenses are not required to meet the “uncorrected” vision guideline.</p>	<p><b><u>VISION STANDARD</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO  (If “No”, please fully explain)</p>								
<p><b><u>HEAD, NOSE, MOUTH, THROAT AND NECK STANDARD</u></b>  The applicant/incumbent must have structures and functions of the head, nose, mouth, throat, and neck that are sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:</p> <ul style="list-style-type: none"> <li>• A physical exam of the head, nose, mouth, throat, and neck that is within the range of normal variation, including: <ul style="list-style-type: none"> <li>o normal flexion, extension, and rotation of the neck; and</li> <li>o open nasal and oral airways; and</li> <li>o unobstructed Eustachian tubes; and</li> <li>o no structural abnormalities that would prevent the normal use of a hard hat and protective eyewear; and</li> </ul> </li> <li>• Normal conversational speech; and</li> <li>• No evidence by physical examination and medical history of head, nose, mouth, throat, or neck conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).</li> </ul>	<p><b><u>HEAD, NOSE, MOUTH, THROAT AND NECK STANDARD</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO  (If “No”, please fully explain)</p>								

**HEARING STANDARD**

The applicant/incumbent must be able to hear well enough to safely and efficiently carry out the requirements of the job. This requires binaural hearing (to localize sounds) and auditory acuity, which may be demonstrated by:

- A current pure tone, air conduction audiogram, using equipment and a test setting which meet the standards of the American National Standards Institute (see 29 CFR 1910.95); and
- ☐ Documentation of hearing thresholds of no greater than 40 dB at 500, 1000, 2000, and 3000 Hz in each ear; and
- ☐ No evidence by physical examination and medical history of ear conditions (external, middle, or internal) likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

Note: The use of a hearing aid(s) to meet this standards is ***not*** permitted.

**HEARING STANDARD**

☐ YES    ☐ NO  
(If "No", please fully explain)

**DERMATOLOGY STANDARD**

The applicant/incumbent must have skin that is sufficient for the individual to safely and efficiently carry out the requirements of the function. This may be demonstrated by:

- A physical exam of the skin that is within the range of normal variation; and
- No evidence by physical examination and medical history of dermatologic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).

**DERMATOLOGY STANDARD**

☐ YES    ☐ NO  
(If "No", please fully explain)

**VASCULAR SYSTEM STANDARD**

The applicant/incumbent must have a vascular system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the vasculature of the upper and lower extremities that is within the range of normal variation, including:
  - o no evidence of phlebitis or thrombosis; and
  - o no evidence of venous stasis; and
  - o no evidence of arterial insufficiency; and
- No evidence by physical examination and medical history of peripheral vasculature conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).

**VASCULAR SYSTEM STANDARD**

☐ YES    ☐ NO  
(If "No", please fully explain)

**CARDIAC STANDARD**

The applicant/incumbent must have a cardiovascular system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the cardiovascular system that is within the range of normal variation, including:
  - o blood pressure of less than or equal to 140 mmHg systolic and 90 mmHg diastolic; and
  - o a normal baseline electrocardiogram (minor, asymptomatic arrhythmias may be acceptable); and
  - o no pitting edema in the lower extremities, and
  - o normal cardiac exam.
- No evidence by physical examination and medical history of cardiovascular conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).

**CARDIAC STANDARD**

☐ YES    ☐ NO  
(If "No", please fully explain)

<p><b><u>CHEST AND RESPIRATORY SYSTEM STANDARD</u></b></p> <p>The applicant/incumbent must have a respiratory system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:</p> <ul style="list-style-type: none"> <li>• A physical exam of the respiratory system that is within the range of normal variation; and</li> <li>• A pulmonary function test (baseline exam) showing:             <ul style="list-style-type: none"> <li>o forced vital capacity (FVC) of at least 70% of the predicted value; and</li> <li>o forced expiratory volume at 1 second (FEV1) of at least 70% of the predicted value; and</li> <li>o the ratio FEV1/FVC of at least 70% of the predicted value; and</li> </ul> </li> <li>• <input type="checkbox"/> No evidence by physical examination and medical history of respiratory conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).</li> </ul> <p>Note: The requirement to use an inhaler (such as for asthma) requires agency review.</p>	<p><b><u>CHEST AND RESPIRATORY SYSTEM STANDARD</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO (If “No”, please fully explain)</p>
<p><b><u>ENDOCRINE AND METABOLIC SYSTEMS STANDARD</u></b></p> <p>Any excess or deficiency in hormonal production can produce metabolic disturbances affecting weight, stress adaptation, energy production, and a variety of symptoms or pathology such as elevated blood pressure, weakness, fatigue and collapse. The applicant/incumbent must have endocrine and metabolic functions that are sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:</p> <ul style="list-style-type: none"> <li>• A physical exam of the skin, thyroid, and eyes that is within the range of normal variation; and</li> <li>• Normal fasting blood sugar level; and</li> <li>• Normal blood chemistry results; and</li> <li>• No evidence by physical examination (including laboratory testing) and history of endocrine/metabolic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).</li> </ul>	<p><b><u>ENDOCRINE AND METABOLIC SYSTEMS STANDARD</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO (If “No”, please fully explain)</p>
<p><b><u>THE CONDITION OF PREGNANCY</u></b></p> <p>If a female applicant or incumbent raises the issue of pregnancy as the basis for a request for a special benefit, a change in duty status, or job restrictions, then justification and clarifying information for that request must be provided by the woman’s obstetrician or primary care physician, along with the estimated time period the special conditions are expected to apply.</p>	
<p><b><u>HEMATOPOIETIC SYSTEM STANDARD</u></b></p> <p>The applicant/incumbent must have a hematopoietic (blood and blood-producing) system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:</p> <ul style="list-style-type: none"> <li>• A physical exam of the skin that is within the range of normal variation; and</li> <li>• A complete blood count (including hemoglobin, hematocrit, platelets, and white blood count, with differential) that is within the normal range; and</li> <li>• No evidence by physical examination (including laboratory testing) and medical history of hematopoietic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).</li> </ul>	<p><b><u>HEMATOPOIETIC SYSTEM STANDARD</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO (If “No”, please fully explain)</p>

<p><b><u>MUSCULOSKELETAL SYSTEM STANDARD</u></b></p> <p>The applicant/incumbent must have a musculoskeletal system that is sufficient for the individual to safely and efficiently carry out the functional requirements of the job. This may be demonstrated by:</p> <ul style="list-style-type: none"> <li>• A physical exam of the upper and lower extremities, neck, and back that is within the range of normal variation for strength, flexibility, range of motion, and joint stability; and</li> <li>• <input type="checkbox"/> No evidence by physical examination and medical history of musculoskeletal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).</li> </ul> <p>Note: For individuals who require the use of a prosthetic device, the examinee will have to provide <u>for agency review</u> documentation from his/her surgeon or physician that the individual (and, if applicable, his/her prosthetic device) is considered to be fully cleared for the essential functions of the job.</p>	<p><b><u>MUSCULOSKELETAL SYSTEM STANDARD</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO (If “No”, please fully explain)</p>
<p><b><u>CENTRAL AND PERIPHERAL NERVOUS SYSTEM STANDARD, AND VESTIBULAR SYSTEM STANDARD</u></b></p> <p>The applicant/incumbent must have a nervous system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:</p> <ul style="list-style-type: none"> <li>• A physical exam of the cranial and peripheral nerves and the vestibular and cerebellar system that is within the range of normal variation, including: <ul style="list-style-type: none"> <li>o intact cranial nerves, I-XII; and</li> <li>o normal vibratory sense in the hands and feet; and</li> <li>o normal proprioception of the major joints; and</li> <li>o normal sensation of hot and cold in the hands and feet; and</li> <li>o normal sense of touch in the hands and feet; and</li> <li>o normal reflexes of the upper and lower extremities; and</li> <li>o normal balance (e.g., heel-toe walk; Romberg; balance on one foot); and</li> </ul> </li> <li>• Normal basic mental status evaluation (e.g., person, place, time, current events); and</li> <li>• <input type="checkbox"/> No evidence by physical examination and medical history of nervous, cerebellar, or vestibular system conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).</li> </ul>	<p><b><u>CENTRAL AND PERIPHERAL NERVOUS SYSTEM STANDARD, AND VESTIBULAR SYSTEM STANDARD</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO (If “No”, please fully explain)</p>
<p><b><u>GASTROINTESTINAL SYSTEM STANDARD</u></b></p> <p>The applicant/incumbent must have a gastrointestinal tract that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:</p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> A physical exam and evaluation of the gastrointestinal tract that is within the range of normal variation; and</li> <li>• <input type="checkbox"/> Normal liver function and blood chemistry laboratory tests; and</li> <li>• <input type="checkbox"/> No evidence by physical examination (including laboratory testing) and medical history of gastrointestinal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).</li> </ul>	<p><b><u>GASTROINTESTINAL SYSTEM STANDARDS</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO (If “No”, please fully explain)</p>
<p><b><u>GENITOURINARY SYSTEM STANDARD</u></b></p> <p>The applicant/incumbent must have a genitourinary system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:</p> <ul style="list-style-type: none"> <li>• A normal clean catch urinalysis; and</li> <li>• No evidence by physical examination and medical history of genitourinary conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see page 3).</li> </ul>	<p><b><u>GENITOURINARY SYSTEM STANDARDS</u></b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO (If “No”, please fully explain)</p>

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### Examining Physician's Summary Statement

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**Findings:**

- ☐ **A. No Significant Findings** – The individual appears to meet the medical standards. There is no apparent reason why the examinee cannot perform the functional requirements of a wildland firefighter. **Please Note:** This includes the ability to safely participate in arduous duty performance testing, consisting at a minimum of carrying a 45 pound pack a distance of 3 miles in a period of 45 minutes over level ground (the “Pack Test”).
- ☐ **B. Significant Finding (Uncorrected Far Vision)** – The individual does not meet the uncorrected far vision standard. An acceptable accommodation may be to require the possession during duty hours of a second set of corrective lenses. With this accommodation, there is no apparent reason why the examinee cannot perform the functional requirements of a wildland firefighter. **Please Note:** This includes the ability to safely participate in arduous duty performance testing, consisting at a minimum of carrying a 45 pound pack a distance of 3 miles in a period of 45 minutes over level ground (the “Pack Test”).
- ☐ **C. Significant Medical Findings** - The individual does not appear to meet one or more of the medical standards, or is not considered able to safely participate in arduous duty performance testing, consisting at a minimum of carrying a 45 pound pack a distance of 3 miles in a period of 45 minutes over level ground (the “Pack Test”).
- ☐ **D. A Final Determination Cannot be Made Based on Available Medical Information** - The following results were inconclusive and require that further information be provided to the Interagency Medical Review Officer from the examinee's personal health care providers. The Examinee and his/her physician should review the guidance from 5CFR 339.104, provided on the following page. Final recommendations cannot be made until this has been completed.

Examining Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### Medical Review Officer's Summary Statement

*Necessary only when Examiner's findings are C. or D.*

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**Findings, based upon a review of the Examiner's Summary and any additional information provided by Examinee's health care providers:**

- ☐ **No Significant Findings** - The Examinee appears to meet the medical standards.
- ☐ **Significant Medical Findings** - The individual does not appear to meet one or more of the medical standards.
- ☐ **A Final Determination Still Cannot be Made Based on Available Medical Information** - The following results remain inconclusive and require that further information be provided to the Interagency Medical Review Officer from the examinee's personal health care providers. Final recommendations cannot be made until this has been completed.

Medical Review Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 5 CFR 339.104

### Sec. 339.104 Definitions.

For purposes of this part--

Medical documentation or documentation of a medical condition means a statement from a licensed physician or other appropriate practitioner which provides information the agency considers necessary to enable it to make a employment decision. To be acceptable, the diagnosis or clinical impression must be justified according to established diagnostic criteria and the conclusions and recommendations must not be inconsistent with generally accepted professional standards. The determination that the diagnosis meets these criteria is made by or in coordination with a physician or, if appropriate, a practitioner of the same discipline as the one who issued the statement. An acceptable diagnosis must include the following information, or parts identified by the agency as necessary and relevant:

- (a) The history of the medical conditions, including references to findings from previous examinations, treatment, and responses to treatment;
- (b) Clinical findings from the most recent medical evaluation, including any of the following which have been obtained: Findings of physical examination; results of laboratory tests; X-rays; EKG's and other special evaluations or diagnostic procedures; and, in the case of psychiatric evaluation or psychological assessment, the findings of a mental status examination and the results of psychological tests, if appropriate;
- (c) Diagnosis, including the current clinical status;
- (d) Prognosis, including plans for future treatment and an estimate of the expected date of full recovery;
- (e) An explanation of the impact of the medical condition on overall health and activities, including the basis for any conclusion that restrictions or accommodations are or are not warranted, and where they are warranted, an explanation of their therapeutic or risk avoiding value;
- (f) An explanation of the medical basis for any conclusion which indicates the likelihood that the individual is or is not expected to suffer sudden or subtle incapacitation by carrying out, with or without accommodation, the tasks or duties of a specific position;
- (g) Narrative explanation of the medical basis for any conclusion that the medical condition has or has not become static or well stabilized and the likelihood that the individual may experience sudden or subtle incapacitation as a result of the medical condition. In this context, "static or well-stabilized medical condition" means a medical condition which is not likely to change as a consequence of the natural progression of the condition, specifically as a result of the normal aging process, or in response to the work environment or the work itself. "Subtle incapacitation" means gradual, initially imperceptible impairment of physical or mental function whether reversible or not which is likely to result in performance or conduct deficiencies. "Sudden incapacitation" means abrupt onset of loss of control of physical or mental function.

Physician means a licensed Doctor of Medicine or Doctor of Osteopathy, or a physician who is serving on active duty in the uniformed services and is designated by the uniformed service to conduct examinations under this part.

Practitioner means a person providing health services who is not a medical doctor, but who is certified by a national organization and licensed by a State to provide the service in question.